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This is a form to be filled out by all persons wishing to make a claim against the NH Department of Corrections pursuant to New Hampshire RSA 541:B for property loss or damages **under \$500**. The form should be completed with supporting documentation (bill, receipts, etc.) attached, and filed with the Security Office at your facility. Complete all portions of this form; if any portion is not complete the form will be returned, which will delay the processing of your claim.

ATTORNEY FOR CLAIMANT:
(if applicable):

NAME OF STATE AGENCY:

DATE OF INCIDENT:

AMOUNT OF CLAIM:

PLEASE STATE THE CIRCUMSTANCES SURROUNDING YOUR CLAIM. ATTACH COPIES OF ALL RELEVANT BILLS, RECEIPTS OR OTHER DOCUMENTS:

Alia claim is
\$350,000